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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: JASON CROW Daytime Telephone: _____

| | | | | |
|---|--|---|--|---|
| FILER STATUS | | New Member of or Candidate for U.S. House of Representatives Candidates – Date of Election: <u>Nov. 6, 2018</u> | State: <u>CO</u> District: <u>6</u> | <input type="checkbox"/> Check if Amendment |
| New Officer or Employee Employing Office: _____ | | Staff Filer Type (if Applicable): <input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant | Period Covered: January 1, <u>10</u> | |

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | G. Did you receive compensation of more than \$5,000 from a single source in the current year and NO prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jason Crow

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| BLOCK A | | | | | | | | | | | | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | | | | | | | BLOCK D | | | | | | | | | | | |
|---|------------------|------------------|-----------|--------------|------------------|-------------------|--------------------|---------------------|---------------------|-----------------------|-------------------------|--------------------------|---------------------------|------------------------------------|-----------------------------------|----------------|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|------------------|---|---|---|---|---|---|--|--|--|--|--|
| Assets and/or Income Sources | | | | | | | | | | | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | | | | | | | Amount of Income | | | | | | | | | | | |
| <p>(Identify (a) each asset held for investment, or indicate value of asset at close of the reporting period. If you held an investment or asset with a fair market value less than \$1,000 at the end of the reporting period, please list the method used.)</p> <p>(b) any other reportable asset or source of income which generated more than \$200 in "Unrelated Income" during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only dollar symbols).</p> <p>For all REAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting threshold.</p> <p>For bank and other cash accounts, total the amount in all bank and savings accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., "residential property," and a city and state.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the name of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a deferred compensation program, including the Thrift Savings Plan.</p> <p>If you report a privately-held fund that is an "excepted investment fund," please check the EIF box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP), or dependent child (DC), or jointly with anyone (J), in the optional column on the far left.</p> <p>For a detailed description of Schedule A requirements, please refer to the instruction booklet.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIC | Description | Example: | Type | Current Year | | | | | | | | | | | | Preceding Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | | | | | |
| 75 | Hedge Corp Stock | Simon & Schuster | Investing | None | | | | | | | | | | | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | \$1-\$1,000 | \$1,001-\$13,000 | \$13,001-\$50,000 | \$50,001-\$100,000 | \$100,001-\$200,000 | \$200,001-\$500,000 | \$500,001-\$1,000,000 | \$1,000,001-\$5,000,000 | \$5,000,001-\$25,000,000 | \$25,000,001-\$50,000,000 | Over \$50,000,000 | Spouse/DC Asset over \$1,000,000* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77 | ABC Hedge Fund | X | Investing | None | | | | | | | | | | | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | \$1-\$200 | \$201-\$1,000 | \$1,001-\$2,500 | \$2,501-\$5,000 | \$5,001-\$15,000 | \$15,001-\$50,000 | \$50,001-\$100,000 | \$100,001-\$1,000,000 | \$1,000,001-\$5,000,000 | Over \$5,000,000 | Spouse/DC Income over \$1,000,000* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78 | First Bank, Co. | X | Investing | None | | | | | | | | | | | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | \$1-\$200 | \$201-\$1,000 | \$1,001-\$2,500 | \$2,501-\$5,000 | \$5,001-\$15,000 | \$15,001-\$50,000 | \$50,001-\$100,000 | \$100,001-\$1,000,000 | \$1,000,001-\$5,000,000 | Over \$5,000,000 | Spouse/DC Income over \$1,000,000* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 79 | ST American BDF | X | Investing | None | | | | | | | | | | | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | \$1-\$200 | \$201-\$1,000 | \$1,001-\$2,500 | \$2,501-\$5,000 | \$5,001-\$15,000 | \$15,001-\$50,000 | \$50,001-\$100,000 | \$100,001-\$1,000,000 | \$1,000,001-\$5,000,000 | Over \$5,000,000 | Spouse/DC Income over \$1,000,000* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Check all columns that apply. For accounts or assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and rents (such as \$10,000, IRA, or 403(b) accounts), you may check "Dividends, interest, and rents," even if remunerated, even if remunerated, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.</p> <p>"Column M is for assets held by your spouse or dependent child in which you have no interest.</p> | | | | | | | | | | | | | | | | | | | | | | | | <p>Check all columns that apply. For accounts or assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and rents (such as \$10,000, IRA, or 403(b) accounts), you may check "Dividends, interest, and rents," even if remunerated, even if remunerated, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.</p> <p>"Column XII is for assets held by your spouse or dependent child in which you have no interest.</p> | | | | | | | | | | | | | | | | | | | | | | | |

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Jason Cren

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Use additional sheets if more space is required

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jason Crow

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Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Jason Crow

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. This is only the source for other bonuses earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income (for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

| Source (include date of receipt for honoraria) | Type | Current Year to Filing | Amount | Preceding Year |
|--|----------------------------------|------------------------|-----------|----------------|
| ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$0 | \$600 | |
| State of Maryland | Spouse Salary | \$20,000 | \$76,000 | |
| Civil War Roundtable (Oct. 2) | Spouse Speech | \$0 | \$1,000 | |
| Ontario County Board of Education | Spouse Salary | N/A | N/A | |
| Holland & Hart LLP | Salary | \$47,553 | N/A | |
| Jason A. Crow P. C. | Salary | N/A | \$141,024 | |
| University of Colorado | Spouse Salary | \$53,935 | \$81,704 | |
| Recovery Fitness | Payment for professional service | \$10,000 | N/A | |

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Jason Crow

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

| Creditor | Date Incurred MO/YR | Type of Liability | Amount of Liability | | | | | | | | |
|------------------------------|---------------------------|--|---------------------|--|---|---|---|---|---|---|---|
| | | | A | B | C | D | E | F | G | H | I |
| First Bank of Wilmington, DE | 5/88 | Mortgage on Rental Property, Dover, DE | \$10,001-\$15,000 | | | | | | | | |
| | | | \$15,001-\$50,000 | | | | | | | | |
| | | | \$50,001-\$100,000 | | | | | | | | |
| | | | X | \$100,001-\$250,000 | | | | | | | |
| | | | | \$250,001-\$300,000 | | | | | | | |
| | | | | \$300,001-\$1,000,000 | | | | | | | |
| | | | | \$1,000,001-\$5,000,000 | | | | | | | |
| | | | | \$5,000,001-\$25,000,000 | | | | | | | |
| | | | | \$25,000,001-\$50,000,000 | | | | | | | |
| | | | X | Over \$50,000,000 | | | | | | | |
| | | | | Over \$1,000,000* (Spouse/DC Liability) | | | | | | | X |

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, non-profit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.**

| Position | Name of Organization |
|---------------|---|
| Partner | Holland + Hart LLP (2018) |
| Partner | Jason A. Claw P.C., Shareholder in Holland + Hart LLP (disbanded) |
| Member, board | Bell Policy Center (unpaid, ended 2017) |
| Member, board | Denver Police Foundation (unpaid) |

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Jason Crow

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; contribution or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and 1990 prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.**

| Source (Name and City/State) | | Brief Description of Duties |
|------------------------------|--|-----------------------------|
| Example: | Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| | Recovery Fitness, Rochester, NY | Consulting Services |

Use additional sheets if more space is required.